

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035035
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 164

FILED SEP 25 1963

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) Butler RFD #3		c. CITY OR TOWN Butler Mo.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD #3 Butler		d. STREET ADDRESS (If outside, give location) RFD #3 Butler Mo.	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Earline Middle Kayling Last Watts			4. DATE OF DEATH Month Sept. Day 16th Year 1963		
5. SEX female	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/16/63	9. AGE (last birthday) Months 11 Days 11 Hours 11 Min.	IF UNDER 1 YEAR Months 11 Days 11 Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Bates Co Mo.		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Earl Watts		13b. MOTHER'S MAIDEN NAME Karen Buhrie		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		16. SOCIAL SECURITY NO. XXX		17. INFORMANT Karen Watts, Butler Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital malformation of heart DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause (ast.) _____		INTERVAL BETWEEN ONSET AND DEATH Found 8 hrs
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	

21. I attended the deceased from Sept 16 9AM 1963 to Sept 16 5PM 1963 and last saw her alive on Sept 16 1963 Death occurred at 5 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE D S Coleen Do	22b. ADDRESS Adrian Missouri	22c. DATE SIGNED 9-17-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/17/63	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) Butler Mo.
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24. FUNERAL DIRECTOR Culver Underwood, Butler Mo.	25. DATE RECD. BY LOCAL REG. 9-21-1963	26. REGISTRAR'S SIGNATURE Norman Frank Wilson
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Robert B. Stumback

Licensed Embalmer No. 4657

P. O. Address Bethesda, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Oliver Underwood, Butler No. _____